A Sarcoma of the Naso-Pharynx.

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A male patient, aged twenty-seven, consulted me, April 27, 1902, for a slight coryza, accompanied by an attack of acute catarrhal otitis media, principally of the right ear. Patient had some slight impairment of hearing for a number of years, but which gave him little trouble other than when he suffered from attacks similar to the present one. There was considerable feeling of fulness in the ears, and also a feeling of nasal and post-nasal occlusion. The impairment of hearing and other aural symptoms, including a slight watery discharge, were confined almost entirely to the right ear.

In examining the naso-pharynx for possible cause of the present attack, I found the space to be almost completely filled with a mass giving the appearance of an ordinary adenoid growth, as seen in the adult, but was quite surprised to find it so extensive in a person of his age.

When questioned as to his knowledge of their existence, he said that he had never been informed of them before, despite the fact that he had been under treatment for previous similar attacks. This can be somewhat accounted for, I think, from the fact that it was very difficult to make a posterior rhinoscopic examination, and it was only after considerable practice that I was able to make a satisfactory one.

One characteristic of the growth which I noticed at this examination was its tendency to bleed easily under manipulation. I suggested the advisability to removal of the growth, but as the attack of otitis cleared up in two or three days with ordinary means of treatment, and as the adenoids gave him apparently no further trouble, it was not done, and I did not see the patient again until November 25th of the same year, a period of seven months.

At this time he consulted me relative to attacks of nasal hemorrhage, which had persisted for some little time, and had become almost constant, sometimes very excessive. Although there were some hemorrhages which seemed to flow mostly from the naso-pharynx, the majority of them came through the anterior nares.

Remembering the fact that at the previous examination I had detected adenoid growths, which showed a tendency to bleed, I was quite sure that the hemorrhages had their origin in the adenoid mass. This was confirmed by further examination, and by local application, which I made to the growths, which produced a very severe hemorrhage.

The growth at this time presented a somewhat different aspect from that noted at the previous examination: it was considerably larger and somewhat paler excepting the inferior border, which was almost entirely in a condition of superficial erosion, with slight sloughing appearance, presenting more or less a bleeding granular surface.

These hemorrhages continued at irregular intervals, but being quite thoroughly controlled by the application of adrenaline through the anterior nares, until January 15th of the present year, when the patient concluded to have the adenoid mass removed.

From the appearance of the growth, and from the great tendency to copious bleeding, and from the general appearance of the patient, which was rather cachetic, I had come to the conclusion, and had so informed the patient, that the growth was more than an ordinary adenoid growth, and was probably sarcomatous in nature.

On January 15, 1903, under cocaine and adrenaline, I undertook the removal of the growth by the means of a large Gottstein curette. The operation was successfully performed, and I was able to remove the mass almost in its entirety, and much to my satisfaction, with practically no hemorrhage, which latter fact I attribute to the marvelous hemostatic effects of the adrenaline solution.

From the hemorrhagic nature of the growth, and from the previous hemorrhages produced by manipulating it, I expected and prepared myself to meet with an alarming hemorrhage at the time of operation, and was very much relieved that none supervened.

Aside from the previous hemorrhages which had originated from the growth, I had noted in previous examinations that all of the naso-pharynx, and of the post pharyngeal wall, down into the oropharynx, presented a very livid and sometimes a very bluish appearance of the mucous membrane.

The gross appearance of the mass removed did not differ very much from the appearance of an ordinary adenoid growth. The major portion of it was rather firm in consistency, but the inferior dependent portion was rather soft, presenting a hemorrhagic surface above alluded to, but there was nothing in its gross appearance which would positively stamp it as being sarcomatous.

I submitted the growth for microscopic examination to Drs. Thatcher and Tuttle, pathologists at the Presbyterian Hospital, and here append their report:

Microscopic Examination.—"Much lymphoid tissue, few groups of glan alveoli, some fibrous connective tissue, and many patches and strands consisting of rather large cells with rounded and oval nuclei, containing less chromatin than leucocytes, presenting many mitoses. The outlines of these groups are, as a rule, not perfectly sharp, but in some fields give a distinct alveolar impression. They are found not only in the lymphoid tissue, but also in the fibrous connective tissue. In the latter situation they appear to contain more chromatin. Some areas are extremely vascular. Looks very much like sarcoma."

In further conversation with Dr. Tuttle, he told me that he had shown the growth to another pathologist, whom he considered the best authority on new growths, and that he had reported that the growth would certainly have become malignant had it not been removed. He considered it on the border line of a variety of sarcoma. Although the concensus of opinion of those who examined the growth was that it was probably a form of sarcoma, at the same time there were some points about the growth which made a definite result somewhat obscure and puzzling.

The question of recurrence naturally came for consideration, but it was the opinion of those who examined the growth that the chances were against such a recurrence taking place.

The subsequent history of the case has been most favorable from all points; the aural symptoms have much improved; there have been no recurring hemorrhages, excepting a slight ichorous dis-

charge, which persisted for a short time after the operation, but which at the present time has entirely disappeared. The patient's general health, condition and appearance have very much improved, and careful, repeated examinations up to the present time, have not shown any indications of a recurrence of the growth.

The general appearance of the naso-pharynx is fairly normal, excepting a somewhat deeper color of the mucous membrane than ordinary, and at one point in the right upper portion, there is a small area which seems to be a little more granular in appearance than the rest of the cavity.

Although four months have elapsed since the operation, and no recurrence has taken place, I can not say that such will not be the case, but in any event the present appearance of the site of the original growth does not show any tendency toward recurrence.

The points of interest to be drawn from the recitation of the above history are:

1. The necessity of making a thorough examination of the naso-pharynx in patients presenting a train of symptoms similar to the above.

2. The importance of regarding hemorrhages as a sign pointing to the malignant nature of the growth.

3. The hemostatic effect of the adrenaline chloride solution.

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